

Health Call Center at VA Receives Accreditation

HOUSTON, TX - The Health Call Center, known as the VA Network Telecare Center, at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) was awarded Health Call Center Accreditation on December 1, 2003 from URAC, a Washington, DC-based health care accrediting organization that establishes quality standards for the health care industry.

URAC's Health Call Center Accreditation standards require companies to establish a process to assess, plan, and implement call center interventions.

"The Michael E. DeBakey Veterans Affairs Medical Center is honored to receive Health Call Center Accreditation from URAC for our VA Network Telecare Center," said Edgar L. Tucker, director of the MEDVAMC. "We are very pleased to be recognized in the industry for providing outstanding services. Such a distinction also under-scores the quality of our work with veterans and health care providers by demonstrating compliance with national standards for call center services."

Professionally trained registered nurses at the VA Network Telecare Center are ready to answer veteran health care questions 24 hours a day, seven days a week. The South Central VA Health Care Network created its Telecare Center as part of its on-going efforts to provide veterans with timely health care information.

All telephone calls are answered by a staff of professionals who are experienced in telephone assessment of medical situations and crisis intervention.

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Special Note:
Memorial Day Service
Monday,
May 31, 2004, 9:30 a.m.
Houston VA
National Cemetery
(281) 447-8686, ext. 200

Michael E. DeBakey VA Medical Center demonstrated notably low mortality rates 4 years in a row . . .

Houston VA Ranked Number #1 in Surgical Outcomes Once Again

HOUSTON, TX - On February 4, 2004, the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) received a special award from the National Veterans Affairs Surgical Quality Improvement Program (NSQIP) Executive Committee for having consistently low mortality rates in general surgery, all surgery, and all non-cardiac surgery four years in a row. The MEDVAMC is the only VA facility to receive this commendation this year.

"The entire surgical team, including surgeons, anesthesiologists, and nurses, should be proud of their hard work in providing consistent, outstanding care to our veterans," said David H. Berger, M.D., MEDVAMC Operative Care Line executive.

The Committee, which met in January 2004, reviewed the accrual, workload, and outcome information on major surgery procedures performed at the MEDVAMC in fiscal years 2000 through 2003. The intent of the NSQIP is to provide reliable, valid data about comparative risk-adjusted outcomes of

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On February 4, 2004, the MEDVAMC received a special award from the National Veterans Affairs Surgical Quality Improvement Program Executive Committee for having consistently low mortality rates in general surgery, all surgery, and all non-cardiac surgery four years in a row. The MEDVAMC boasts a surgical staff that performs over 5,000 surgical procedures each year and represents nine surgical subspecialties. Above, David H. Berger, M.D., MEDVAMC Operative Care Line executive (left) prepares for surgery with an anesthesia resident and operating room nurse, Grace Campos, RN (right).

Study Shows VA Care for Patients with Hypertension and Diabetes Comparable or Better Than Private Sector

HOUSTON, TX - According to an article in the January 2004 issue of the *American Journal of Medical Quality*, veterans being treated for hypertension at VA medical facilities received comparable medical treatment to non-veterans receiving care in the private sector. The same study reported that veterans treated for diabetes received better care than their non-veteran counterparts. These results are significant in light of the increasing number of veterans obtaining their health care through the VA health care system.

The study was performed by J. Kalavar, M.D., chief, Primary Care and Hardeep Singh, M.D., staff attending, Primary Care at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) in Houston.

"We looked for an objective way to compare primary care quality at Veterans Affairs medical facilities with that of

private sector. The VA uses performance measures to benchmark and improve quality in our primary care clinics. Similar performance measures from the Health Plan and Employer Data Information Set (HEDIS) are used in care for hypertension and diabetes in the private sector. We compared health care sample data from the South Central VA Network (VISN 16) with data from Health Maintenance Organizations (HMOs) in the private sector detailed in the National Committee for Quality Assurance's The State of Health Care Quality 2002 Report," said Kalavar.

Both hypertension and diabetes have a tremendous public health impact. More than 58 million people in the United States have hypertension, otherwise known as high blood pressure. Hypertension is defined as blood

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Special Note:
Remember Valet Parking at the MEDVAMC is **FREE** for veterans showing their VA I.D. No Tipping Necessary or Allowed!

Houston VA Proud of Services to Our Veterans

HOUSTON, TX - On April 8, ABC News "Primetime Thursday" aired an investigative report on the VA Health Care System. The program focused on conditions at VA facilities in several states and although the Houston VA was not the target of criticism, such negative reports cast the entire VA system in an unfavorable light and may raise questions in the minds of veterans and the public about our ability to provide quality health care to our veterans in southeast Texas.

The management and the staff of the Michael E. DeBakey VA Medical Center (MEDVAMC) are very proud of the health care services we provide, our modern facility, our state-of-the-art equipment and technology, and our many accomplishments. I would like to share a few of those achievements with you.

General

✓ In the timeframe October 2002 to September 2003, the MEDVAMC served 103,025 enrolled veterans; 10,744 veterans were admitted as inpatients and 265 veterans were admitted to the Transitional Care Center. During the same timeframe, MEDVAMC had 557,360 outpatient visits at the Houston facility, 49,389 outpatient visits at the Beaumont Outpatient Clinic, and 44,454 outpatient visits at the Lufkin Outpatient Clinic.

Performance Measures and Results

✓ Wait times at the MEDVAMC Outpatient Pharmacy have averaged 22 minutes for the past three years. For FY04, the monthly averages and number of patients served are as follows: October 2003 - 22 minutes and 16,631 patients, November 2003 - 23 minutes and 14,613, December 2003 - 22 minutes and 16,979, January 2004 - 25 minutes and 17,251,

February 2004 - 21 minutes and 16,073, and March 2004 - 19 minutes and 18,144. The longest single daily wait time was 40 minutes in January 2004.

✓ The MEDVAMC has the following current wait times for appointments: 21.8 days for Primary Care; 17.8 days for Geriatric Prime Care; 9.3 days for Ophthalmology; 23.1 days for Audiology; 28.5 days for Orthopedics; 13.1 for Dermatology; and 11.9 days for General Internal Medicine. Veterans have immediate access to professionally trained, registered nurses at the VA Network Telecare Center who are ready to answer health care questions 24 hours a day, seven days a week. In addition, the MEDVAMC operates a Triage Center designed to address the health care needs of walk-in veterans.

✓ A recent survey conducted in the MEDVAMC Primary Care Clinics found that, on average, scheduled patients wait 30 minutes or less in the waiting area before being seen by their provider. The longest wait time found was one hour.

✓ Credentialing at the MEDVAMC is a continuous process of screening and evaluating the qualifications of all health care providers. This includes examining all official transcripts, licensure, certifications, relevant training and experience, current competence, and health status. The VA also searches the U.S. Department of Health and Human Services Exclusion List to ensure the MEDVAMC does not employ anyone who has defrauded any government health program. Providers who do not meet the established criteria are not hired to work at this facility. Providers who allow their credentials to lapse are immediately terminated.

Patient and Environmental Safety

✓ The MEDVAMC is in full



In July 2002, MEDVAMC physicians tested an innovative gene therapy designed to grow new blood vessels in the hearts of patients with blocked coronary arteries. The VA doctors are part of an international team of heart specialists testing the new therapy in about 600 patients at more than 50 sites. Alvin Blaustein, MD, chief of cardiology at the MEDVAMC, talks with veteran Jere Dillon, one of the first gene therapy patients at the facility.

compliance with all of the JCAHO 2004 National Patient Safety Goals and monitors ongoing compliance through twice-weekly rounds and other established internal controls.

✓ The MEDVAMC Infection Control program diligently monitors infection occurrences to compare results with expected outcomes for the patient population surveyed. In turn, this information is used to improve the care of future patients. Infection surveillance strategies at the MEDVAMC are facility-specific. The surveillance plan was designed after assessing the types of patients served. Surveillance activities target nosocomial infections or related processes that impact the highest risk patients, which occur with high frequency, or which may result in the most significant outcomes.

✓ Beginning in 2002, the MEDVAMC tested and implemented preventive steps to ensure patient safety in surgery. The MEDVAMC now has several safeguards and processes to educate and familiarize all health care professionals about the actions that need to be taken to prevent adverse events from happening. With direction from the MEDVAMC executive leadership, education and training of staff members is ongoing and is now part of daily routine.

✓ Waterless hand-washing dispensers are in place on all MEDVAMC long-term care units.

✓ The MEDVAMC has a restraint policy in place to ensure the least restrictive environment for inpatients. Restraint alternatives such as bed and chair alarms, floor pads, hip protectors, and low beds are routinely used.

✓ A wandguard system is in place at the MEDVAMC, ensuring high-risk patients are closely monitored. The system will be upgraded in the near future to include a patient locator system and an increased range of perimeters.

✓ Staff members in patient care areas at the MEDVAMC are trained in how to handle bio-hazardous materials and waste. Waste is transferred in a sanitary manner to large, covered waste containers that are

subsequently taken by a contractor for incineration.

Patient Comfort and Well-Being

✓ The Environmental Management Section (EMS) at the MEDVAMC is responsible for providing a clean sanitary environment. Housekeeping staff receives initial training and subsequent refresher training in the areas of safety, infection control, and the latest cleaning technology. In conjunction with the MEDVAMC Infection Control section, a housekeeper's checklist for special cleaning of patient rooms was developed in November 2003. In addition, an EMS inspection checklist was established to assist supervisors in tracking the cleanliness of the MEDVAMC. While housekeeping supervisors conduct regular inspections, unit managers and specialists are required to conduct follow-up inspections, and two environmental and patient safety inspections each week.

✓ The EMS currently is staffed 24 hours a day, seven days a week with 129 trained housekeeping technicians plus 30 trainees.

✓ Housekeeping services are provided daily to all patient rooms, while additional services are provided in cases of emergencies, spills, and accidents. Bed services are provided when patients are discharged. This includes terminal cleaning of the room prior to the next patient being admitted. In an attempt to reduce the downtime of a room, discharges are sent to the Environmental Management Section Office through a computer system. Section supervisors are also available via two-way radios if special cleaning situations arise.

✓ The MEDVAMC is currently renovating and upgrading all patient rooms for a more comfortable and home-like environment. This \$1.8 million dollar project will replace night stands, over-bed tables, visitor chairs, patient recliners, privacy curtains, draperies, light fixtures, patient education boards, clocks, wallpaper, countertops, and wall decorations, plus it will install ceiling lifts for patients at a cost of \$500,000 in all rooms in the long-term care and spinal cord injury units.



MEDVAMC is one of only 30 sites in North America implanting a cardiac support device (like a net) around the hearts of patients with congestive heart failure. The objective is to support the lower chambers of the heart in a way that reduces the muscle stretch and wall stress resulting from the heart enlarging. Douglas Mann, M.D., staff physician, and Pam Samuels, medical technician, examine veteran Leroy Stewart, who had the device implanted in 2002.



Photo by Mike Spryatt, MEDVAMC Media Team

Currently, the registered nurse vacancy rate at the MEDVAMC is extremely low at 1.7 percent, the turnover rate is equally low at 6.9 percent, and quit rate in FY03 was 2.99 percent with most losses due to retirement. "Working here gives me a sense of pride and fulfillment. I enjoy taking care of our veterans," said Tangey Lundy, RN (right) with Maria Lee, RN. Both nurses work on the General Acute Medicine Unit under the Medical Care Line.

Patient Care Issues

✓ The MEDVAMC operates a Wound Clinic with wound consults performed by a certified wound-care physician and nurse practitioner. Weekly skin rounds are done in MEDVAMC long-term care units to identify and treat skin breakdowns early. In both Home-based Primary Care and long-term care units, digital cameras are used to document wound healing and progression in each patient's electronic medical record. Wound prevalence studies are performed quarterly. Long-term care patients must have a physician's order to remain in bed; otherwise, all patients are assisted from their bed daily.

✓ Pressure ulcer prevention is a multifaceted process at the MEDVAMC. Unit skin resource nurses assess each patient for specific needs. This may include a pressure-reducing mattress, special boots to protect the heels and feet, turning schedules as well as out-of-bed schedules, and a skin care treatment plan designed to improve the overall condition of the skin. Each patient's nutritional status is examined and supplements are provided if indicated. Physical therapy is consulted if needed to facilitate a patient's ability to move about in the bed independently.

Awards, Reviews, and Accreditations

✓ On February 4, 2004, the MEDVAMC received a special award from the National Veterans Affairs Surgical Quality Improvement Program (NSQIP) Executive Committee for having consistently low mortality rates in general surgery, all surgery, and all non-cardiac surgery four years in a row. The MEDVAMC is the only VA facility to receive this commendation this year.

✓ The MEDVAMC recently had two extensive outside reviews of our part-time physician timekeeping practices. An April 2003 VA Inspector General report, as part of the Combined Assessment Program (CAP) review, found no issues with part-time physicians at MEDVAMC. Similarly, a November 2003 General Accounting Office review found only one small

discrepancy of one non-core hour when reviewing our part-time physician timekeeping practices. The MEDVAMC remains vigilant in this area and continues to conduct internal audits as part of our ongoing monitoring processes.

✓ The results of a VA Office of Inspector General Report of the June 2003 visit stated the MEDVAMC had an effective Quality Management (QM) program to monitor quality of care using national and local performance measures, patient safety records, and utilization reviews.

✓ The MEDVAMC achieved accreditation from the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) as a result of its demonstrated compliance with the Joint Commission's nationally recognized health care standards. The Joint Commission's on-site survey of the MEDVAMC occurred in September 2002. The MEDVAMC was surveyed and received accreditation in the following programs: hospital, long-term care, behavioral health care, substance abuse, and home care. In addition, JCAHO found no sanitation concerns, patient safety issues, or infection control issues.

✓ The VA Office of Inspector General conducted a Combined Assessment Program (CAP) review in the spring of 2003 of the MEDVAMC. The purpose of the review was to evaluate selected operations, focusing on quality of care, cleanliness, and management controls. Review of the MEDVAMC affirmed that this medical center provides high quality health care to veterans. Also significant are the high levels of patient and employee satisfaction that were noted by the CAP review team. Patient care, quality management, financial, and administrative controls were found to be generally operating satisfactorily.

✓ In December 2003, the MEDVAMC received notice that its Mental Health Care Line placed in the top two percent in 2003 VA-wide inpatient satisfaction scores.

✓ The Health Call Center, known as the VA Network Telecare Center, at the

MEDVAMC was awarded Health Call Center Accreditation on December 1, 2003 from URAC, a health care accrediting organization that establishes quality standards for the health care industry.

✓ On December 8, 2003, the Commission on Cancer of the American College of Surgeons granted a three-year approval to the cancer program at the MEDVAMC.

✓ MEDVAMC was notified in November 2003 that it was awarded a three-year CARF accreditation for Rehabilitation Care Line's Comprehensive Integrated Inpatient Rehabilitation Program (CIIRP). In addition, the Spinal Cord Injury program received a three-year CARF accreditation in September 2003, the Health Care for Homeless Veterans program received a three-year CARF accreditation in March 2003, and the Comprehensive Work Therapy program received a three-year CARF accreditation in July 2002.

✓ The medical knowledge company, Best Doctors, Inc. listed 82 MEDVAMC physicians as some of the best doctors in the nation for the year 2003.

Medical Advances

✓ MEDVAMC vascular surgeons are on the cutting-edge when it comes to treating vascular disease. They are treating patients with a new, minimally invasive Abdominal Aortic Aneurysm procedure, called "endovascular stent grafting." In an effort to evaluate the best treatment options for patients with life-threatening aneurysms involving the thoracic aorta, the MEDVAMC is participating in an FDA-approved clinical trial of a thoracic stent graft system. This trial is limited to 35 sites across the country and the MEDVAMC is the only participating VA facility. MEDVAMC doctors also are performing a new procedure to prevent strokes. This technique involves the application of balloon angioplasty and stenting of the neck artery.

Technological Advances

✓ The Computerized Patient Record System (CPRS) in place has allowed the

MEDVAMC to progress in its management and utilization of patient information. The patient directly benefits from the sharper accuracy, consistency, and speed that the system has brought about. CPRS is a unique advantage for veterans because most other non-VA hospitals and medical centers lack such a sophisticated patient record system. Many still rely on paper records. Even the computer records of other hospitals do not stand up to the capabilities of CPRS. For example, the writing of progress notes is a feature that cannot be found in other systems.

✓ In FY03, the MEDVAMC spent approximately \$8.86 million dollars to purchase or replace equipment in the facility. The total value of all facility equipment is almost \$47 million.

✓ The MEDVAMC has completed the installation of Automated External Defibrillators throughout the hospital and its outpatient clinics. This makes the MEDVAMC one of the first hospitals in the city of Houston to have such a program in place in compliance with recommendations of the American Heart Association and the International Liaison Committee on Resuscitation.

I want to assure our veterans and their families that you can voice your concerns about VA staff or quality of care without hesitation. The MEDVAMC has several "Speak to the Director" boxes located around the facility for your suggestions, comments, and concerns. Each letter is researched and answered by an expert on my staff, and I personally sign every reply.

The MEDVAMC also has four patient advocates available to take care of problems or questions. They can be reached at (713) 794-7883 or by email at vahouexternalaffairs@med.va.gov.

I encourage and promote patients, family members, and staff to take an active role at this facility. The Michael E. DeBakey VA Medical Center delivers high quality health care to our veterans, but we have and always will, strive to find ways to improve. ♦ Edgar L. Tucker, Michael E. DeBakey VA Medical Center Director



Photo by Sharon Jones, MEDVAMC Media Team

MEDVAMC has entered the remarkable world of the Picture Archiving and Communications System (PACS) and now has a filmless radiology department. Above, MEDVAMC Diagnostic and Therapeutic Care Line Executive Meena Vij, M.D. (right) and Rebecca Matejowsky M.D., staff radiologist analyze the computerized Computed Tomography Scan (CT) of a veteran with stomach pain.

We're Here to Help . . .

Kidney Disease Support/Educational Group

This group meets the first Tuesday of each month, 9-10 a.m., Dental Conference Room, Room 2A-312. Group facilitators: Amber Lowe, L.M.S.W. and Marion Johnson, (713) 794-4834

MS Self-Help Group

The group meets the second Wednesday of every month, 2-3 p.m., Nursing Unit (NU) 2A dining room. Group facilitators: Lisa Whipple, LMSW, (713) 794-7951 and Fe Funtanilla, RN, (713) 791-1414, ext. 4559

Cancer Support Group

The group meets the first Tuesday of every month, 1-2 p.m., Nursing Unit (NU) 4D dayroom. Group facilitator: Lisa Whipple, LMSW and Chaplain Douglas Ensinger, D.Min., (713) 791-1414, ext. 5273

Pain Support Group

The group meets every Wednesday and Thursday, 2 p.m., Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Education Group

The group meets every Wednesday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Pain Coping Skills Group

The group meets every Thursday, 1 p.m., Room 5C-215. Group facilitator: Gabriel Tan, PhD, (713) 794-8794

Better Breather's Club

The group meets the last Wednesday of every month, 1:30-3:30 p.m., Room 1C-361. Group facilitator: Paula Denman, (713) 794-7317

Stroke Support Group

The group meets second and fourth Thursdays of every month, 3 p.m., NU-2A Rehab Dining Room. Group facilitators: Laura Lawhon and Tommie Gonzalez, (713) 791-1414, ext. 4241

Amputee Support Group

The group meets first and third Thursdays of every month, 3 p.m., NU-2A Rehab Dining Room. Group facilitator: Betty Baer or Roger McDonald, (713) 791-1414, ext. 4193

Prostate Cancer Support Group

The group meets third Thursdays of every month, 2 p.m., Room 4C-122. Group facilitator: Lillie Sonnier, (713) 794-7111

Hepatitis C Support Group

The group meets the first Friday of every month, 1:30 p.m., Primecare Clinic 4 (NASA) Room 1A-442. Group facilitator: Collene Gasca and Alana Howard, (713) 791-1414, ext. 3656

HIV Support/Educational Group

The group meets every Tuesday, 2 p.m., Clinic 4, Room 1A-442 and every Thursday, 10 a.m., Clinic 4, Room 1B-318. Group facilitator: Susan Sievers, (713) 791-1414, ext. 6183

Lufkin Hypertension Classes

The class meets the first Thursday of every month, 2 p.m. Ask your nurse or your Primecare provider, or stop by the front desk at the Lufkin Outpatient Clinic to register for this class.

Equipment is designed to dispense the 200 medications "most-filled" in the LOPC Pharmacy . . .

Lufkin Pharmacy Cuts Veteran Wait Times with New Machine

LUFKIN, TX - The Lufkin VA Outpatient Clinic (LOPC) takes pride in offering veterans the very best in service, timeliness, and convenience. So, in the last year, when the LOPC pharmacy became increasingly busy processing an ever-growing number of prescriptions while facing a pharmacist shortage, management looked for solutions. The answer they found was in the form of dispensing robotics, similar to the machine already installed at the Beaumont VA Outpatient Clinic. This new state-of-the-art tool is now helping LOPC pharmacists keep veteran satisfaction levels high.

In January, the LOPC installed a ScriptPro 200 Robotic Prescription Dispensing System to perform the time consuming and tedious tasks of counting, filling, and labeling prescriptions, allowing pharmacy staff to spend more time with customers. The "200" in the name indicates the system is designed to dispense the 200 medications "most-filled" in the LOPC Pharmacy.

"Over the past few years, the increase in the number of veterans receiving treatment at the LOPC has resulted in an increase in the number of prescriptions filled by our pharmacy staff. They have worked hard to maintain this increasing workload while maintaining our outstanding patient satisfaction and pharmacy waiting times. As the workload grew, this became increasingly a challenge. This new machine is another way we can fulfill our mission of "Providing high quality health care that puts the veterans first" said Anthony Zollo, M.D., Lufkin Outpatient Clinic Care Line executive.

When provided an order for a prescription to be filled, the machine automatically selects the proper size vial, chooses the designated drug, dispenses the required quantity, and applies the label to the vial. The uncapped vial is then delivered to the pharmacist for a final inspection and verification. The pharmacist maintains control of the dispensing process through the initial computer entry and final approval of the finished product.

"At first, I was concerned by uninterrupted customer service and satisfaction. I quickly found this was not a problem. In fact, there are a great many benefits in using this new equipment. It can deliver 100 prescriptions per hour, not to mention the added benefits of lowering dispensing costs and cutting down errors. We don't have to worry about drug cross-contamination because each drug is assigned to its own cell and the system fills directly from that cell," said Lynn Chesser, LOPC pharmacist-in-charge.

The new machine will also improve the system of patient safety checks to prevent errors that might lead to injury to a veteran. Bar coding is used throughout the process for accuracy in everything from reloading the machine to verifying the final prescription. The final inspection includes an on-screen drug image for visual verification.

"Maintenance on the machine is quite easy. Easy cleaning and, of course,



Early this year, the Lufkin VA Outpatient Clinic installed a new robotic prescription dispensing system to perform the time consuming and tedious tasks of counting, filling, and labeling prescriptions, allowing pharmacy staff to spend more time with customers. Above, LOPC pharmacists Barbara Stafford, R.Ph. (right) and Deidre Kolb, R.Ph. check to see if the new machine needs refilling. The pharmacy staff named the new machine, "Barbara" in honor of Stafford who recently retired.

refilling the vials and drugs. Overall, we are very pleased with our new 'co-worker.' Processing time seems to have decreased somewhat with the new machine already handling close to its goal of fifty percent of prescriptions to be filled," said Tina Cameron, LOPC pharmacy technician.

Because the new machine interfaces with the existing computer system at the LOPC, the transition was smooth and did not interrupt patient care. The pharmacy staff did not even need to change the

procedures in place for routing prescriptions through the computers.

"We've named the new 'work-horse' machine, 'Barbara' in honor of Barbara Stafford, a LOPC pharmacist and VA employee for 32 years. Barbara abandoned her retirement plans for a while to help us through our adjustment period with the new equipment. The machine still has some pretty significant shoes to fill to live up to her name," said Chesser. ♦ Deidre Kolb, R.Ph., LOPC Pharmacist

CHAMPVA Deadline Extended

WASHINGTON, D.C. - An extended deadline will allow more time for some remarried surviving spouses of veterans to seek health care insurance under the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

The extension applies to CHAMPVA-eligible spouses who remarry after a veteran's death. The surviving husband or wife lost access to CHAMPVA benefits if they remarried before their 55th birthday and before Feb. 4, 2003.

Under rules announced last March, those survivors had until Feb. 2004, to apply for reinstatement of their CHAMPVA coverage. A new announcement now gives them until Dec. 16, 2004, to apply for reinstatement.

To be eligible for CHAMPVA, people must be family members of veterans who have a permanent and total service-connected disability, who died of a service-connected

condition or who were totally disabled from a service-connected condition at the time of death.

People who want an application for this benefit or more information can contact VA's Health Administration Center at 1-800-733-8387.

Surviving spouses who remarry at a younger age and lose their CHAMPVA benefits can have these benefits restored if their later marriage is annulled or ends due to death or divorce. Similarly, widows or widowers of any age who lost benefits under VA's Dependency and Indemnity Compensation (DIC) program due to remarriage are eligible for reinstatement of monthly DIC payments if their subsequent marriage ends.

This restoration policy has been in effect since 1998, but VA officials are concerned widows or widowers may overlook this benefit if a subsequent marriage ends years later. ♦

MEDVAMC recently selected as one of nine sites in the United States to participate in study . . .

VA Surgeons Examine Best Blood Vessels for Use in Coronary Artery Bypass Operation

HOUSTON, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) was recently selected as one of nine VA medical facilities in the United States to participate in a cooperative study examining radial artery versus saphenous vein grafts in coronary artery bypass grafting (CABG).

In the United States, CABG is a commonly performed surgical procedure for the treatment of coronary artery disease. Approximately 400,000 patients undergo this type of procedure each year and the vast majority of cases have blockages in all three major coronary arteries. This condition requires the physician to perform multiple bypasses during surgery.

Routine cases involve harvesting the left internal thoracic artery (LITA) from the chest wall or the greater saphenous vein (SVG) from the leg to use as conduits or channels for bypass. In other cases, doctors harvest the radial artery from the patient's forearm to use in the operation.

Each of these three types of blood vessel conduits or grafts have a different success rate in remaining open or unobstructed after CABG surgery. The best long-term results are achieved when the LITA graft bypasses the left anterior descending coronary artery, which is usually the largest and most important coronary artery in the heart. Whether the radial artery is better than the SVG as a coronary artery conduit remains to be proven. In this randomized study, patients learn the day before surgery whether the surgeon will harvest the radial artery from the forearm or use their saphenous vein to bypass the diseased coronary artery blockages.

The primary objective of this study is to determine if there is a difference in the graft patency (the level of being open or unobstructed) between radial artery



"Our goal is to provide the best possible medical and surgical care to our veterans," said Ernesto R. Soltero, M.D., chief, Michael E. DeBakey VA Medical Center Cardiothoracic Surgery Section and a principal investigator in this study. Above, Soltero (left), Anthony Riffel, MEDVAMC physician assistant, and Joseph Huh (right), M.D., MEDVAMC staff cardiothoracic surgeon and co-investigator in the study perform a coronary artery bypass surgery procedure. Approximately 400,000 patients undergo this type of procedure each year and the vast majority of cases have blockages in all three major coronary arteries.

and saphenous vein grafts. Physicians in this study believe radial artery grafts will have a nine percent improved graft patency at one year.

"We also want to determine if there are differences in radial artery versus saphenous vein graft in clinical outcomes, costs, and quality of life. Our goal is to provide the best possible medical and surgical care to our veterans, and we would like to know which graft lasts longer so we can offer this option to our patients" said Ernesto R. Soltero, M.D., chief, MEDVAMC Cardiothoracic Surgery Section and a principal investigator in this study.

In April 2003, the MEDVAMC enrolled its first patient in this nationwide, randomized clinical trial involving patients undergoing first time CABG surgery. This is a five-year study and the MEDVAMC will have at least 120 patients participating. To date, 17 patients have undergone coronary artery bypass surgery as study participants. The MEDVAMC research team consists of Soltero; Joseph Huh, M.D., MEDVAMC staff cardiothoracic surgeon and co-investigator; Issam Mikati, M.D., MEDVAMC cardiologist and co-investigator; and Pamela Smithwick, R.N., MEDVAMC study coordinator. ♦

VA Care vs. Private Sector

(continued from page 1)

pressure elevation that is above the normal range. This can cause damage to the heart, brain, kidneys, and eyes. There are 18.2 million people in the U.S. with diabetes. Diabetes is a disease where the body does not produce or properly use insulin.

"Additionally, we did a regional comparison of blood pressure control because studies have shown that people in the southern U.S. respond less to the use of several antihypertensive medications. VISN 16's performance compared to the south-central network of private sector HMOs was better. VISN 16's performance on all diabetes measures was higher than the national average. The National Committee for Quality Assurance has reported that those organizations allowing their performance data to be publicized far outperform those that do not. This suggests we may actually be comparing our data with the top rated national plans," said Singh.

As a member of one of the world's largest integrated health care systems, the MEDVAMC serves as the primary health care provider for more than 103,000 veterans in southeast Texas. Including the satellite clinics in Lufkin and Beaumont, MEDVAMC outpatient clinics logged over 650,000 outpatient visits in fiscal year 2003. During the same period, the MEDVAMC had 10,744 inpatient admissions and 265 admissions into its Transitional Care Center. ♦

Trans Fat: The New Dietary Enemy

HOUSTON, TX - Just when we thought we had a handle on the war against fats, a new fat has come to town. Trans fatty acids, also called **trans fats**, have become the new dietary enemy, second only to saturated fat.

The majority of trans fat is formed when liquid oil is turned into solid fats. This process is called hydrogenation. While a very small amount of trans fat is found naturally in dairy products and some meat, high amounts are found in vegetable shortenings, margarines, crackers, cookies, potato chips, snack foods, and many other foods made with or fried in these fats.

Why are trans fats harmful? Trans fats behave like saturated fat and tend to raise total cholesterol levels, raise LDL ("bad") cholesterol levels, and lower HDL ("good") cholesterol levels. Studies have shown this may increase the risk for heart disease. Currently, there are no recommendations for how much trans fat should be consumed.

There is some good news. The Food



Heather McDonald, MEDVAMC Dietetic Intern, discusses dietary choices with veteran Joseph Laperriere during a recent Nutrition Class at the MEDVAMC.

and Drug Administration now requires food manufacturers to list trans fat on food labels. Manufacturers have until January 1, 2006 to comply. Some food companies have already started.

Keep an eye out for products that state, "No Trans Fats," on packages. In the

meantime, to know if a food contains trans fats, look for these terms on the ingredient label: hydrogenated oils, hydrogenated vegetable oils, margarine, partially-hydrogenated oils, and vegetable shortening.

The best bet is to stick to previous guidelines given for dietary fats and now, the new guidelines for avoiding trans fats. This means to choose processed foods that do not contain trans fats on ingredient label. Continue to limit intake of saturated fat from meats, butter, whole milk, and products containing palm, coconut, or palm kernel oil. Choose soft (liquid or tub) margarines over hard, stick margarines. Use margarine with no more than two grams of saturated fat per tablespoon and with liquid oil as the first ingredient. Be cautious in restaurants because many use hydrogenated oils. Limit your intake of French fries, doughnuts, crackers, and other foods that are high in trans fatty acids. Until specific guidelines are posted, avoid trans fats when ever possible. ♦ Heather McDonald, MEDVAMC Dietetic Intern

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New cryoplasty treatment may reduce number of patients needing repeat medical procedures . . .

Houston First VA Hospital Using Innovative Technique to Treat Lower Leg Arterial Disease

HOUSTON, TX - The Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) is among the first hospitals in the country to use cryoplasty to open clogged leg arteries and improve blood flow to the lower extremities. This is good news for veterans who suffer from peripheral arterial disease (PAD) of the lower extremity.

According to the American Heart Association, about 12 million Americans have some degree of PAD. It is more common with increasing age, affecting about five percent of people over 50 and 20 percent of those 70 and older. Besides age, other risk factors include smoking, diabetes, high blood pressure, and family or personal history of heart disease.

PAD is a narrowing of the arteries in the extremities, most commonly involving the blood vessels in the legs. The condition is usually caused by atherosclerosis or a build-up of fatty blockage in a blood vessel. This can prevent adequate blood flow to the legs and feet.

In the early stages, PAD can lead to cramping pain in the leg or hip, usually when the patient is walking or otherwise active. As the condition progresses and the blood vessel becomes more narrow, the pain occurs more frequently and eventually even

when the patient is simply sitting or lying down. In extreme cases, skin ulcerations can develop, leading to gangrene and frequently, amputation.

Traditional treatments to open partially blocked vessels have included balloon angioplasty. Similar to angioplasty for the heart, a balloon-tipped catheter is placed inside the blood vessel to relieve the blockage. While these procedures are less invasive than a bypass operation and work well initially, relogging of the blood vessel can occur and the patient will need another balloon angioplasty or a bypass operation.

Vascular surgeons at the MEDVAMC are now using a revolutionary medical device called the PolarCath System to improve the lower leg arterial blood flow. This new technique, also known as cryoplasty, is designed to reduce the number of patients who have to be re-treated for this painful circulation problem.

The PolarCath system, which was recently approved by the FDA for use in the lower leg blood vessel, differs from conventional balloon angioplasty because it inflates the balloon with pressurized nitrous oxide gas instead of the conventional saline or contrast solution. In this cryoplasty procedure, liquid nitrous oxide gas is used to inflate the balloon while also



Peter Lin, M.D., chief of the MEDVAMC Vascular Surgery Section and Ruth Bush, M.D., MEDVAMC vascular physician examine veteran Clyde Wilson after his cryoplasty procedure. Vascular surgeons at the MEDVAMC are now using a revolutionary medical device called the PolarCath System to improve the lower leg arterial blood flow. "The cryoplasty procedure is extremely promising because it provides another option to treat patients with even the most challenging clinical cases," said Lin.

cooling the balloon's temperature down to 14° F. Physicians believe this tends to cause less damage to the blood vessel.

"The cryoplasty procedure is extremely promising because it provides another option to treat patients with even the most challenging clinical cases," said Peter Lin, M.D., chief of Vascular Surgery at the MEDVAMC. Lin along with two other MEDVAMC physicians, Alan Lumsden, M.D. and Ruth Bush, M.D. have been treating veterans with PAD for many years. They are nationally known for their expertise in the management of PAD.

"For patients with PAD, the benefit of the cryoplasty procedure is even more exciting, which includes the elimination of pain and potentially fewer visits to the hospital to treat recurrent disease of the vessel," said Bush.

In clinical trials conducted to evaluate the outcome of the cryoplasty procedure, 85 percent of treated leg arteries remained open at nine months. In addition, the number of patients requiring repeat treatment after the cryoplasty procedure was substantially less when compared to those treated with the conventional balloon angioplasty procedure.

"About 40 percent of patients treated with the conventional angioplasty technique need to be treated again within a year. With the cryoplasty procedure, the incidence of repeat treatment is only 15 percent, a significant improvement," said Lumsden.

If you are a veteran interested in learning more about this new treatment and PAD, please contact the MEDVAMC Vascular Surgery Clinic for more information (713) 794-7895. ♦

If you have medical questions or concerns, and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

VA Telecare Center Now Accredited

(continued from page 1)

To help veterans who call, nurses use their training and experience as well as other readily available resources. Telecare nurses provide both medical and emotional support. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments.

"By applying for and receiving URAC Health Call Center Accreditation, the Michael E. DeBakey VA Medical Center has demonstrated a commitment to quality health care," said Garry Carneal, URAC president and CEO.

URAC's Health Call Center Accreditation standards address approaches to ensuring appropriate patient protections have been established, such as policies for confidentiality of patient

information, informed consent, dispute resolution, and other issues. The standards cover staff structure and qualifications, quality improvement, information management, oversight of delegated functions, ethics, complaints, and the case management process.

URAC, an independent, nonprofit organization, is a leader in promoting health care quality through accreditation and certification programs. URAC's standards keep pace with the rapid changes in the health care system, and provide a mark of distinction for health care organizations to demonstrate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in setting meaningful standards for the health care industry. For more information about URAC, visit their Web site at www.urac.org. ♦

OPERATION IRAQI FREEDOM - ENDURING FREEDOM



ENDURING AND IRAQI FREEDOM VETERANS

VA CAN PROVIDE YOU WITH HEALTH CARE AND BENEFITS ASSISTANCE IF YOU HAVE SERVED IN A RECENT THEATER OF COMBAT OPERATIONS.

If you are a recently discharged veteran with service in a theater of combat operations, VA can provide you free medical care for two years from your discharge from active duty for conditions possibly related to your service, regardless of your income status.

**If you require assistance, please contact
Fern A. Taylor,
Manager, Patient Access Center
at (713) 794-7034.**



"To care for him who shall have borne the battle and for his widow, and his orphan,"
President Abraham Lincoln

From our Veterans

Provided by the Consumer Affairs Staff
MEDVAMC Room 1B-370, (713) 794-7883

Question: How do I get more news about the Michael E. DeBakey VA Medical Center and veterans' health care?

Answer: Send an email to bobbie.gruner@med.va.gov to sign up to receive news releases and information. You can also visit www.houston.med.va.gov and click on the "In the News" symbol.

Question: Where can I get the latest information on hepatitis C?

Answer: A new Web site on hepatitis C, www.hepatitis.va.gov, was launched in February by the VA. The new hepatitis C Web site has a section for veterans that includes general information and links to other Web sites. It also offers

information for health care providers that is searchable by topic and includes best practices, guidelines, and slides.

Question: Is there a Web site where veterans and their families can access information and forms to request copies of military personnel records? Any other useful Web sites out there for veterans?

Answer: Yes, but just as in the past, veterans and family members must still mail or fax the form; however, this site makes it much easier and more understandable. The Web site is www.archives.gov/research_room/vetrecs/index.html.

More and more veterans are using the Internet to keep informed. Here are

a few more useful Web sites.

www.tricare.osd.mil: The military's health benefits Web site. This site will explain everything DoD offers for the active duty, reserve, and their families.

www.cms.gov: The Centers for Medicare and Medicaid Services site providing program and benefit information.

www.medicare.gov: This Medicare site also outlines the Medicare program and provides information on other home health agencies and nursing homes.

www.socialsecurity.gov: The official site for the Social Security Administration offering information on the nearest office. The site lets you apply for benefits and has many other options.

www.medlineplus.org: A goldmine of good health information from the world's largest medical library, the National Library of Medicine.

If you would like to learn how to use a computer, the MEDVAMC Library offers free, introductory computer classes for veterans. Call (713) 794-7856 to find out more.

Question: How do I get a scooter?

Answer: Scooter requests at the MEDVAMC are submitted via a consult from your Prime Care Provider to the Wheelchair/Specialty Seating Clinic. Patients are evaluated to determine if they meet the medical criteria for a scooter. No scooters will be issued until the patient has been fully evaluated by the clinic team members.

Question: Am I eligible for travel benefits in the VA Health Care System?

Answer: Travel benefits vary from veteran to veteran, and depend on your specific situation. Call the Patient Travel Office at (713) 794-7630 for details.

Question: Will VA provide hearing aids and eyeglasses to me?

Answer: Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

Question: What do I do if I run out of VA-prescribed medicine and my next appointment is a month away?

Answer: Contact your Prime Care Nurse at your Prime Care Clinic to obtain prescription renewals. If you do not know who your Prime Care Team is, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

Question: What's the easiest way to get my prescriptions refilled?

Answer: Call the MEDVAMC Pharmacy Refill line at (713) 794-7648 or toll free at 1 (800) 454-1062. You will need your social security number and your prescription number.

Robotic couriers transport medications from the pharmacy to various nursing units within the hospital, eliminating the time-consuming errands nurses now run . . .

Two Unique Employees Start Work at the Houston VA

HOUSTON, TX – Jewels and King Tut are two brand-new employees at the Michael E. DeBakey Veterans Affairs Medical Center (MEDVAMC) hired to help make the jobs of nurses and pharmacy staff easier. These robotic couriers, or helpmates, transport medications and supplies from the pharmacy to various nursing units within the hospital, decreasing the time-consuming errands nurses now run.

MEDVAMC is the only hospital in the Houston area to have these robotic helpmates. "The robotic helpmates will help MEDVAMC accomplish our mission by allowing nursing staff to remain on the units providing quality and timely care for our veterans. The helpmates are state-of-the-art technology in a very complex, highly technical medical center and will enhance the meeting of our mission," said Deloris Leftridge, RN, MSN, CNAA, MEDVAMC chief nurse executive. Leftridge went on to say the performance of two robots will be reevaluated in 30 days to determine if their services could be expanded into other areas of the hospital.

A single robotic helpmate can carry up to 200 pounds in its storage compartment. Nursing and pharmacy staff members type in their user identification number and place their index finger on the bio-identification

scanner in order to open the storage compartment. This two-step access procedure ensures the security of medications and supplies.

To find their destination, Jewels and King Tut have a map of the hospital programmed into their computer memory banks. They use sonar and lasers to avoid obstacles along their way. If an obstacle does block their path, the robots will stop, announce that their way is blocked, and request the obstacle be removed. Both are programmed to speak in English and Spanish. They require a battery change at each shift.

The robots are also able to ride elevators at the facility along with veterans and MEDVAMC employees. However, their manufacturer recommends fellow passengers allow the robots to enter the elevator first and turn around before humans board. Otherwise, the helpmates might see the humans as obstacles and possibly delay the elevator's progress. Jewels and King Tut communicate with the elevator through a wireless Ethernet network so passengers do not have to worry about them getting off on the wrong floor or letting the robots go to their floor first.

Pharmacy staff members are responsible for programming missions and destinations into the robots and monitor each robot's progress and



"The robots are in step with the cutting-edge health care initiatives VA offers to our veterans. We already have computerized patient records, bar coded medications for patient safety, and so many other advances. These are all important programs and processes not seen in any other hospital system in the Texas Medical Center. We are definitely on the cutting-edge," said Diane Dorsey, R.N., MEDVAMC Medical Intensive Care Unit charge nurse. Above, Dorsey (right) programs the robot named Jewels to perform a delivery mission as Eric J. Ortiz, RN, and Norrie A. Lane, RN, Nursing Unit 3C charge nurse look on.

location on a computer screen.

"The robots are in step with the cutting-edge health care initiatives VA offers to our veterans. We already have computerized patient records, bar coded medications for patient safety, and so many other advances. These are all important programs and processes not seen in any other hospital system in the Texas Medical Center. We are definitely on the cutting-edge," said Diane Dorsey, R.N., Medical Intensive Care Unit charge nurse.

"As a nurse for 46 years, these robotic helpmates would have been wonderful to have. I am fascinated with the technology," said a female Navy

veteran and current inpatient at the MEDVAMC.

MEDVAMC nursing executives have already seen the advantages of having the robots work in the facility. The amount of time nursing staff must spend away from the nursing unit to obtain missed or discharge medications has been drastically reduced. This means more efficient use of valuable nurses, better customer service to veterans, and improved patient care. So when you see Jewels or King Tut rolling down a hallway, remember, they are on a mission for our veterans. ♦ Frances Burke, MEDVAMC Public Affairs Specialist

Houston VA Ranked #1 in Surgery Outcomes

(continued from page 1)

major surgery in the VA and to provide reliable data about workload and length of stay. The ultimate use of this data is to improve the quality of surgical care to all veterans.

"I have always been proud of the standards of excellence that Dr. Berger and his colleagues have maintained, and I feel extremely honored for this outstanding facility to bear my name. The quality of care the VA provides for our veterans reflects the respect and appreciation that we all have for these courageous men and women," said Michael E. DeBakey, M.D., Chancellor Emeritus, Baylor College of Medicine.

Annually, the NSQIP Executive Committee carefully reviews the risk-adjusted observed/expected (O/E) mortality ratios in each VA hospital for all surgical operations combined and each surgical subspecialty. An O/E ratio statistically significantly above one indicates that mortality is higher than what would be expected on the basis of the patient characteristics. An O/E ratio statistically significantly below one indicates that mortality is lower than what would be expected on the basis of the patient characteristics.

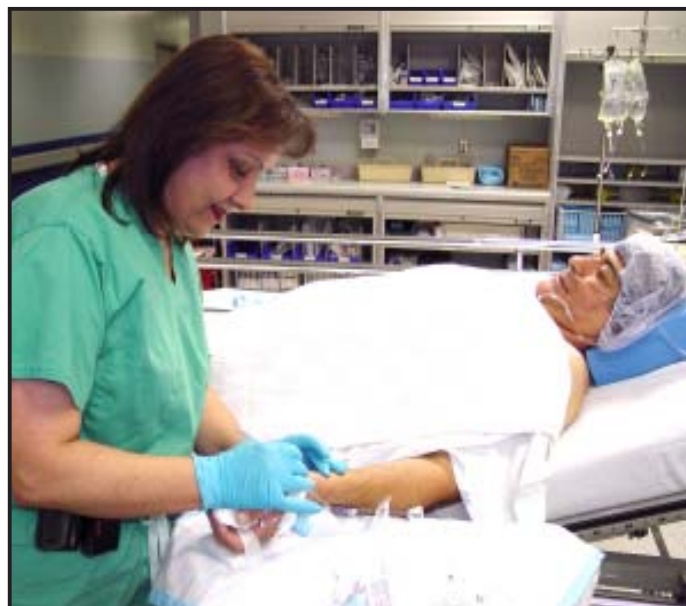
NSQIP is the first national, validated, outcome-based, risk-adjusted, and peer-controlled program for the measurement and enhancement of the quality of surgical care. Currently, the NSQIP incorporates 128 Veterans

Affairs Medical Centers (VAMCs) and 14 sites from the private sector.

Prompted by the need to assess comparatively the quality of surgical care in VA hospitals, the Department of Veterans Affairs conducted the National VA Surgical Risk Study (NVSRS) between 1991-1993 in 44 VA medical centers. The study developed and validated models for risk adjustment of 30-day morbidity and 30-day mortality after major surgery in eight non-cardiac surgical specialties. Similar models were developed for cardiac surgery by the VA's Continuous Improvement in Cardiac Surgery Program (CICSP).

Based on the results of the NVSRS and the CICSP, the VA established the NSQIP in 1994 in all the medical centers performing major surgery. A NSQIP nurse at each center oversees collection of data and electronic transmission for analysis at one of two data coordinating centers. Feedback to the providers and managers is aimed at achieving continuous quality improvement. It consists of (1) comparative, site-specific, and outcome-based annual reports; (2) periodic assessment of performance; (3) self-assessment tools; (4) structured site visits; and (5) dissemination of best practices. The NSQIP also provides an infrastructure for VA investigators to query the database and produce scientific presentations and publications.

"The standard of care at the Michael E. DeBakey Veterans Affairs Medical Center is one to be envied," said Peter



"I want to mention the contributions the staff of our Anesthesiology Service has made toward the care and wellbeing of our veterans. Their role in our Operative Care Line is critical in reducing mortality rates in our medical center," said Thomas B. Horvath, M.D., F.R.A.C.P., MEDVAMC chief of staff. Above, Salva Shenaq, M.D., M.B.A., chief, MEDVAMC Anesthesiology Service prepares veteran Frank Castillo for surgery. In the last five years, Shenaq has built a cardiac anesthesia team, changed the shifts of certified registered nurse anesthetists to cover patient emergencies 24 hours a day, established guidelines for the anesthesia personnel, and collaborated with the MEDVAMC Operative Care Line to limit case delays and cancellations.

G. Traber, M.D., president and CEO of Baylor College of Medicine. "This prestigious recognition from the NSQIP is well deserved. Dr. Berger and his surgeon colleagues, in collaboration with nursing and administration, have done a remarkable job of providing top-notch surgical care to our nation's veterans." For more than 50 years, MEDVAMC staff has provided clinical training for health care professionals through affiliations with Baylor College of Medicine and 85 other educational and research institutions.

Since the inception of the NSQIP data collection process, the 30-day postoperative mortality after major surgery in the VA has decreased by 27 percent, and the 30-day morbidity by 45 percent. The future of the NSQIP lies in enhancing its capabilities by incorporating additional measures of outcome, structure, process, and cost, and in expanding it to the private sector. In 2001, the private sector initiative was

extended to 14 non-VA hospitals through a grant from the Agency for Healthcare Research and Quality. These activities have enabled for the first time a comparison of risk-adjusted post-operative outcomes between the VA and the private sector.

"I am very proud the Michael E. DeBakey Veterans Affairs Medical Center received such important recognition," said Thomas B. Horvath, M.D., F.R.A.C.P., MEDVAMC chief of staff. "Our surgical service staff and its practices are top-notch. I also want to mention the contributions the staff of our Anesthesiology Service has made toward the care and wellbeing of our veterans. Their role in our Operative Care Line is critical in reducing mortality rates in our medical center. This award for continuous surgical excellence is very much earned and deserved. I am pleased we serve as such a positive example for other hospitals both inside and outside the VA health care system." ♦

Important VA Telephone Numbers

Michael E. DeBakey VA Medical Center Main Line	(713) 791-1414
or toll-free	1-800-553-2278
VA Network Telecare Center	(713) 794-8985
or toll-free	1-800-639-5137
Beaumont VA Outpatient Clinic	(409) 981-8550
or toll-free	1-800-833-7734
Lufkin VA Outpatient Clinic	(936) 637-1342
or toll-free	1-800-209-3120
Pharmacy Refills	(713) 794-7648
or toll-free	1-800-454-1062
Pharmacy Helpline	(713) 794-7653
Appointment Information	(713) 794-7648
or toll-free	1-800-454-1062
VA Eligibility & Enrollment	(713) 794-7288
Patient Education Resource Center (PERC)	(713) 794-7856
VA Police	(713) 794-7106
Vet Center (Post Oak Road)	(713) 682-2288
Vet Center (Westheimer)	(713) 523-0884
Patient Representatives	
Houston	(713) 794-7884
Beaumont	1-800-833-7734
extension	113
Lufkin	(936) 633-2753
Houston National Cemetery	(281) 447-8686
VA Regional Office	
Main Number	1-800-827-1000
Compensation/Pension	1-800-827-1000
Home Loans	1-888-232-2571
Education	1-888-442-4551
Insurance	1-800-669-8477
Headstones and Markers	1-800-697-6947

New Kidney Disease Support Group Meets at Houston VA

HOUSTON, TX - A new Kidney Disease Support/Educational Group at the Michael E. DeBakey VA Medical Center (MEDVAMC) was launched Tuesday, April 6, 2004 in partnership with the National Kidney Foundation of Southeast Texas.

The group will now meet the first Tuesday of each month, 9 - 10 a.m. in the Dental Conference Room, Room 2A-312 at the MEDVAMC. Amber Lowe, L.M.S.W. and Marion Johnson are the co-facilitators for the group.

All veterans, family members, and friends impacted by the diagnosis of kidney disease are invited to attend. Parking at the

MEDVAMC is free. This self-help group will promote information, education, and sharing of ideas for living successfully with kidney disease and maintaining quality of life.

Topics included for discussion during meetings this year include: Nutrition and the Kidney Disease Patient, Knowing Your Rights When Applying for End Stage Renal Disease Medicare, and a Real-life Kidney Transplant Story.

For more information regarding a schedule of upcoming groups and to be placed on the monthly mailing list, please contact Amber Lowe, L.M.S.W. at (713) 794-4834. ♦